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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/698,126	10/31/2003	Arup Acharya	590.116	8951
	7590 08/26/200 ASSOCIATES LLC	8		IINER
409 BROAD ST	ΓREET		SIKRI, ANISH	
PITTSBURGH,	, PA 13143		ART UNIT PAPER NUMBER	
			2143	
			MAIL DATE	DELIVERY MODE
			08/26/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Cummons	10/698,126	26 ACHARYA ET AL.	
Interview Summary	Examiner	Art Unit	
	ANISH SIKRI	2143	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>ANISH SIKRI</u> .	(3) <u>Jimm Dolak</u> .		
(2) <u>Stanley Ference (33879)</u> .	(4)		
Date of Interview: 21 August 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) <mark> </mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. ﴿	g)∏ was not reached. h)⊠ l	N/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Discussed present invertion</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	copy of the amendments that		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	e last Office action has alread OF ONE MONTH OR THIRT ERVIEW SUMMARY FORM,	y been filed, APP Y DAYS FROM <sup>-</sup> WHICHEVER IS	LICANT IS THIS LATER, TO
	/Tonia LM Dollinger/ Supervisory Patent Examiner, Art U	Jnit 2143	

Application No.

Applicant(s)